

TASK ASSIGNMENT	Team Name	Callsign	
		Incident Name / Number	Operational Period

Planning Section

Type of Team	Name (Leader First)	Resource Name	Skill / Equipment	Briefing Summary
<input type="checkbox"/> Dog Team	1			<input type="checkbox"/> Overview <input type="checkbox"/> Weather <input type="checkbox"/> Clues <input type="checkbox"/> Subject Profile <input type="checkbox"/> Time Frame <input type="checkbox"/> Org. Chart <input type="checkbox"/> Family <input type="checkbox"/> Media <input type="checkbox"/> Subject Info. <input type="checkbox"/>
<input type="checkbox"/> Hasty Team	2			
<input type="checkbox"/> Foot Team	3			
<input type="checkbox"/> Tracking Team	4			
<input type="checkbox"/> Grid Team	5			
<input type="checkbox"/> Vehicle Team	6			
<input type="checkbox"/> Horse Team	7			
<input type="checkbox"/> Mixed				
<input type="checkbox"/> Fixed Wing A/C				
<input type="checkbox"/> Helicopter				
<input type="checkbox"/> Boat / Amphib.				
<input type="checkbox"/> Technical Rock				
<input type="checkbox"/> Communications				

Operations Section

Assignment Date	Estimated Departure Time	Actual Departure Time	Estimated Time in Segment
Radio Frequency	Briefed By		Reviewed By
Resource Assignment & Map			
			Briefing Summary <input type="checkbox"/> Tactics <input type="checkbox"/> Terrain <input type="checkbox"/> Maps <input type="checkbox"/> Communications <input type="checkbox"/> Rescue Plan <input type="checkbox"/> Death Code <input type="checkbox"/> Desired POD _____ % <input type="checkbox"/> Pickup Time <input type="checkbox"/> Safety <input type="checkbox"/>